

AGENDA ITEM: 13

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Meeting	Health Overview and Scrutiny Committee
Date	15 February 2012
Subject	Barnet Clinical Commissioning Group (CCG) - Update
Report of	Chair of Barnet Clinical Commissioning Group and NHS Borough Director - Barnet
Summary	This report provides an update on the development of the Barnet Clinical Commissioning Group which is operating in shadow form. The intention is to develop the new local NHS commissioning arrangements to be authorised during 2012/13 and established as statutory entities from April 2013.

Officer Contributors	John Murphy, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix A – Presentation on the Clinical Commissioning Group
For Decision by	Health Overview and Scrutiny Committee
Function of	Not applicable
Reason for urgency / exemption from call-in	Not applicable
Key decision	Not applicable

Contact for further information: John Murphy, Overview and Scrutiny Office, 020 8359 2368.

1. RECOMMENDATION

- 1.1 That the Health Overview and Scrutiny Committee note and comment on the information contained within the presentation as set out in Appendix A.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Health Overview and Scrutiny Committee, 21 February 2011, Agenda Item 9 – Update from NHS Barnet: GP Commissioning - (1) that the Committee note the development of the new GP commissioning arrangements in Barnet - (2) that the Committee support the development of the pathfinder proposal for Barnet.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The report provides an update on the development of NHS Barnet's Clinical Commissioning Group. Upon establishment the CCG will work in partnership with London Borough of Barnet with three CCG board members attending the Health and Well-Being Board. The CCG will be active in developing, approving and responding to the joint strategic needs assessment and Health and Well-being Strategy. Partnership working between the CCG and the London Borough of Barnet will support the delivery of health and social care integration as envisaged in the forthcoming Health and Social Care Bill.

4. RISK MANAGEMENT ISSUES

- 4.1 None in the context of this report save for those identified in the attached presentation that relate to Barnet NHS and the development of the CCG.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:
- The Council's leadership role in relation to diversity and inclusiveness; and
 - The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.
 - Equality and diversity issues are a mandatory consideration in decision-making in the council pursuant to the Equality Act 2010. This means the council must have due regard to the equality duties whenever it exercises a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

6.1 None in the context of this report except for those identified in the attached presentation that relate to the development of the CCQ.

7. LEGAL ISSUES

7.1 None in the context of this report save for those identified in the attached presentation that relate to Barnet NHS and the development of the CCQ.

8. CONSTITUTIONAL POWERS

8.1 The scope of the Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Council's Constitution.

8.2 The Terms of Reference of the Scrutiny Committees are included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution). The Health Overview and Scrutiny Committee has within its terms of reference responsibility:

- (i) To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.
- (ii) To make reports and recommendations to the Executive and/or other relevant authorities on health issues which affect or may affect the borough and its residents.
- (iii) To invite executive officers and other relevant personnel of the Barnet Primary Care Trust, Barnet GP Commissioning Consortium, Barnet Health and Wellbeing Board and/or other health bodies to attend meetings of the Overview and Scrutiny Committee as appropriate.
- (iv) To ensure that overview and scrutiny in Barnet is reflective of Council priorities as evidenced by the Corporate Plan and the programme being followed by the Executive.

9. BACKGROUND INFORMATION

9.1 The report provides an update on the development of the Barnet Clinical Commissioning Group which is currently operating in shadow form. The intention is to develop the new local NHS commissioning arrangements to be authorised during 2012/13 and established as statutory entities from April 2013.

10. LIST OF BACKGROUND PAPERS

10.1 None

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CFO – JH

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Update report - Barnet Clinical Commissioning Group

Health Overview and Scrutiny
Committee – 15th February 2012



Introducing Barnet Clinical Commissioning Group



Dr Sue Summers
Chair



Dr Lyndon Wagman



Dr Debbie Frost

West

South



Dr Jonathan Lubin



Dr Clare Stephens



Dr David Monkman

North



Dr Charlotte Benjamin



Dr John Bentley



Dr Barry Subel

Plus other Board members:
David Riddle, Vice Chair, NHS Barnet
Bernadette Conroy, Non Executive Director
Phillipa Curran PEC Chair
Alison Blair, Borough Director
Andrew Burnett, Director for Public Health
Ahmet Koray, Head of Finance
And observers from:
London Borough of Barnet and Barnet LINK



Barnet CCG Vision

The vision of Barnet Clinical Commissioning Group:

Local clinicians working with local people for a healthier future.

We will work in partnership with local people to improve the health and well-being of the population of Barnet, find solutions to challenges, and commission new and improved collaborative pathways of care which address the health needs for the Barnet population.

Our commitments:

- We will continue to improve the health and well-being of the local population by focusing on preventative services, reducing health inequalities, and enabling the population to take responsibility for their own health.
- We will ensure the provision of high quality, efficient and effective health services for the population, within available resources, recognising that Barnet faces considerable financial pressures.
- We will facilitate integration between health and social care services.
- We will ensure good quality, safe healthcare in all settings.
- We will have a Barnet Strategy that is clinically led, draws on evidence, and uses innovative, radical solutions to deliver the best possible care to patients and their carers within allocated resources.
- We will focus on education and development support to clinicians to improve care and ensure that high quality services are delivered.
- We will take action when we are not receiving high quality, efficient and effective health services.





Timeline

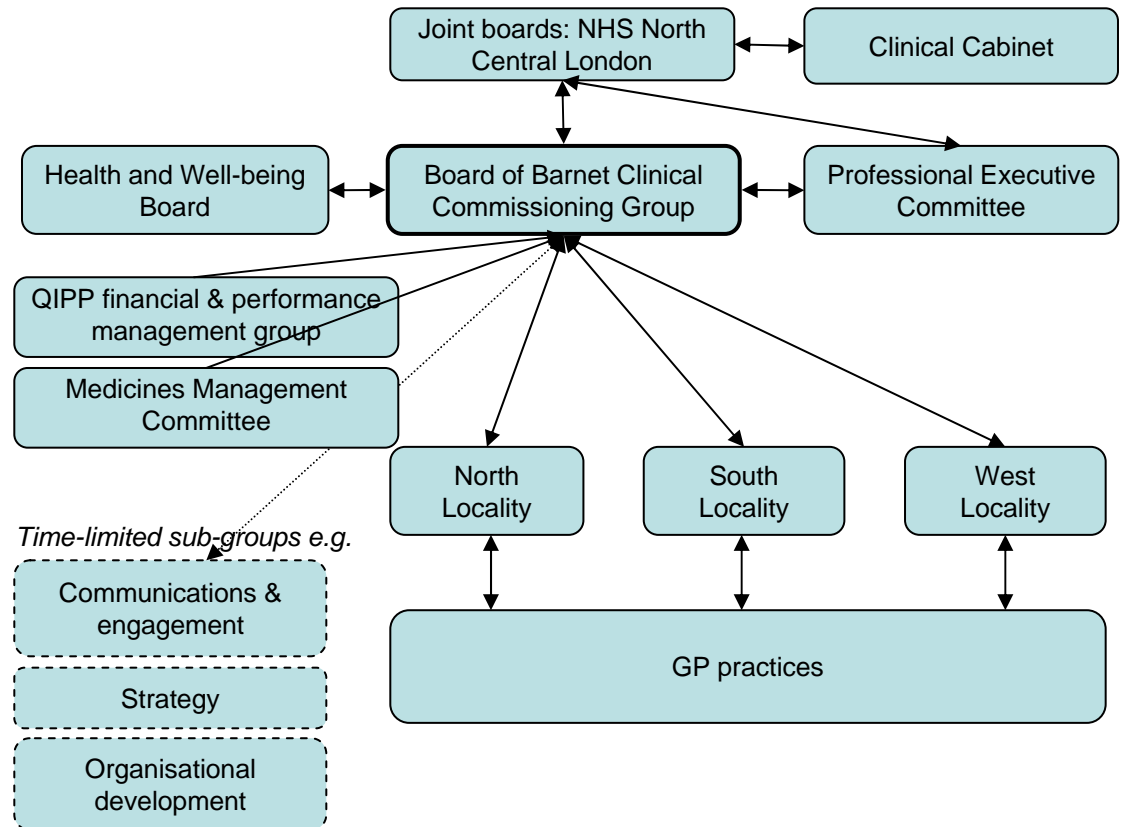
April	Approved as a pathfinder
May	Elections in progress
July	9 GPs elected from three locality areas
	First Board meeting
August	Roles and responsibilities of Board members agreed
	Local development days commence
September	External provider of organisational development support selected
	Progress updates to localities commence
October	Delegation delivery plan drafted
	CCG Constitution agreed by Board
November	Locality terms of reference shared with localities for comment
	Organisational development support commences
	Risk assessment by NHS London confirmed as 'green'
January	Delegation of responsibility for Medicines Management
February 2012	Delegation of all available responsibilities
Summer 2012	Application to NHS Commissioning Board for establishment and authorisation
October 2012	Formal authorisation process begins Full leadership of 2013/14 planning round
April 2013	Full authorisation





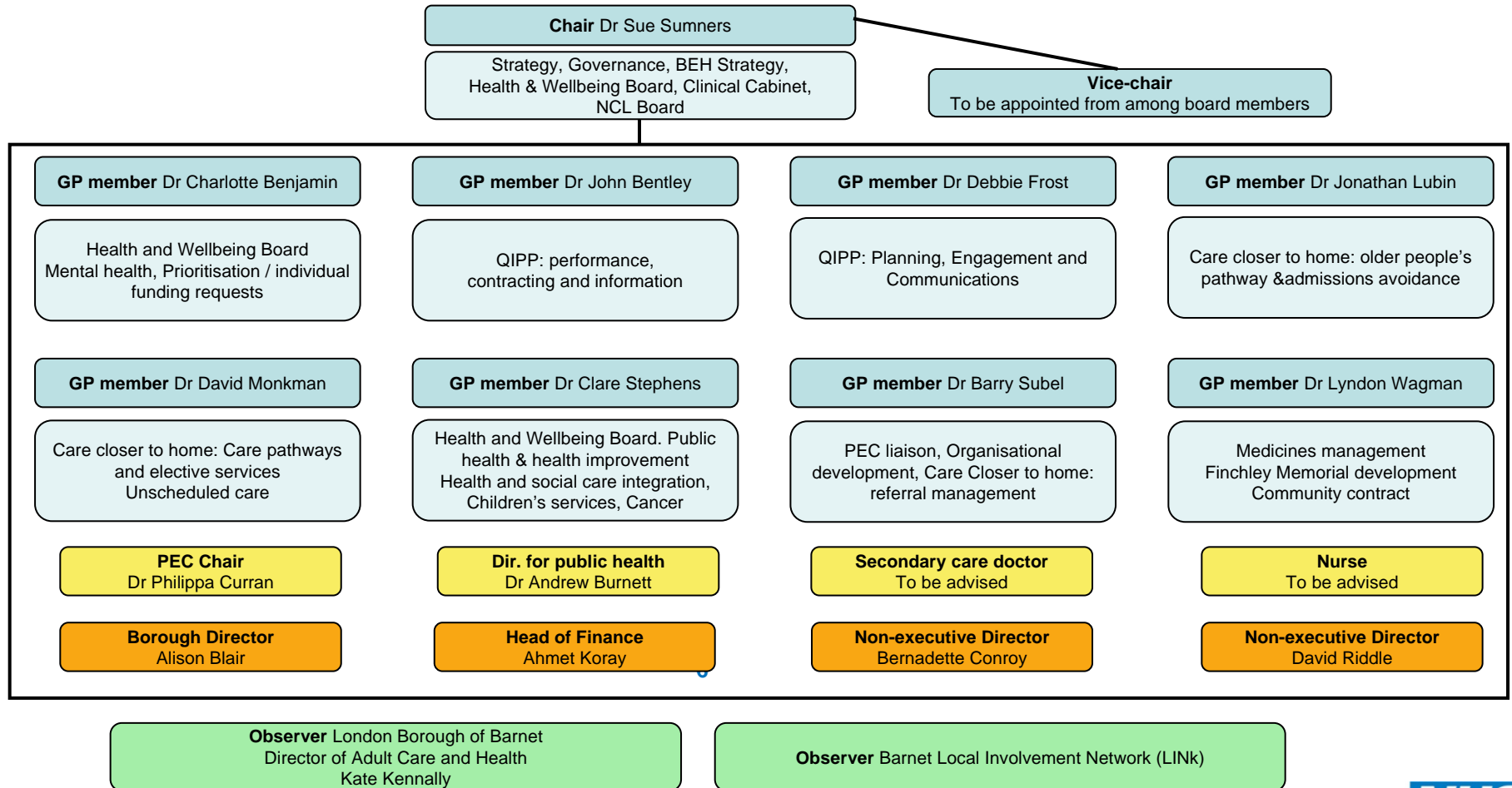
Governance

- Board Terms of Reference agreed
- Initial sub-group structure established
- Locality Terms of Reference circulated to localities
- Board roles and responsibilities allocated
- Board secretary established
- Further discussion with NCL required on the governance of quality and child protection (NCL/Board responsibilities)





Roles and responsibilities



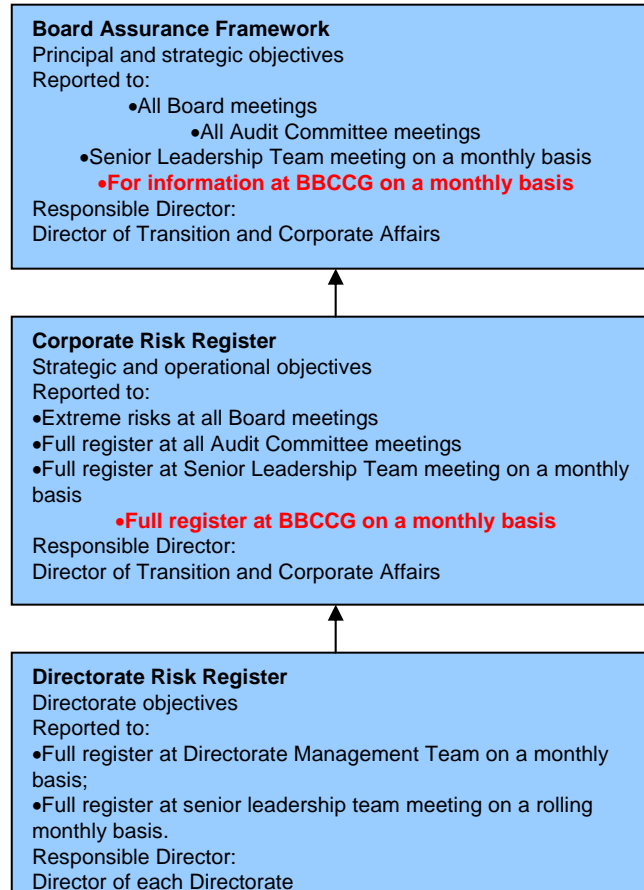


Organisational Development

- KPMG commenced September 21st 2011
- OD first priorities: finance, engagement and clinical leadership
- Formal organisational development programme commenced December 1st 2011
- 4 pronged approach:
 - 1:1 personal development sessions including 360 degree appraisals
 - Board organisational development e.g. governance, strategy
 - Locality organisational development e.g. primary care engagement
 - Board learning e.g. theoretical content via WebEx



Risk Management





QIPP – The Challenge

- QIPP (savings) target for Barnet for 2011/12 set at £32m
- Forecast to deliver £25m
- Gap of £7m being found by:
 - Further increasing medicines management savings
 - Continuing to improve referrals through expansion of referral management service
 - Acute arrangements



QIPP – The CCG response

- CCG board have made a decision to seek full shadow responsibility for Medicines Management in 2011/12, but are already taking lead responsibility for other QIPP areas, providing:
 - support to service redesign, contract negotiation, monitoring and performance management and the scrutiny of quality and safety information.
 - engagement with primary care and acute / community providers: discussing the health strategy for Barnet going forwards and other service areas of particular relevance to QIPP such as the Referral Management Service (RMS), procedures of limited clinical effectiveness (PoLCE) policy, and medicines management.
 - engagement with primary care to further develop CSP intentions for 2012/13. This includes medicines management and unplanned admissions.
- Communication, engagement and partnerships are supporting a whole system response to QIPP



Communication and engagement

- Communication plan developed: includes primary care and the wider providers within Barnet
- CCG communications lead in place
- Communication sub group in place: sub group of Barnet CCG
- Media training undertaken by CCG Board members
- Engagement events have taken place with providers, patients and the public
- CCG communications manager in place as part of pathfinder transition funding
- GP intranet/collaborative web with LA & LINKs in progress



Partnerships

Health and Wellbeing Board (HWB)

- Three clinical Board members attend the HWB
- Active in developing, approving and responding to joint strategic needs assessment and Health and Well-being Strategy.
- Health and Wellbeing Board asked to comment on the development of the Commissioning Strategic Plan
- Director of Adult Care and Health observes CCG Board meetings
- GP CCG Board member responsible for integrated working with social services, health improvement and development in children's services.

Work with other CCGs, through:

- NCL Clinical Cabinet; joint QIPP programmes, such as acute sector programmes, decommissioning, and urgent care; lead commissioners responsibilities for specific providers (acute and mental health); implementation of the Barnet, Enfield and Haringey Clinical Strategy, with Enfield and Haringey CCGs.



Planning for 2012/13

- QIPP, Commissioning Intentions and CSP
 - Implemented the prioritisation framework at borough level
 - CCG Board development day to inform process (Oct)
 - Event held for primary care to inform the Commissioning Intentions (Oct)
 - Aligned with the OD work the CCG Board will work in partnership with NCL and Barnet primary care localities to identify further Commissioning Intentions.



Added value of clinical leadership in 2012/13

- Primary care monitoring of providers to provide local intelligence on clinical quality and patient experience
- Clinically led relationships with providers - what's right for the patient, and so how does the system need to change?
- Primary care ownership of the QIPP challenge – already seeing improvements in the month on month forecast savings for medicines management for this year.